

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		X	X			51						
2		/	X	/			52						
3		/	X	X			53						
4	/		X	X			54						
5	/		X	/			55						
6		/	X	X			56						
7		/	X	/			57						
8		/	X	X			58						
9		/	X	X			59						
10		/	X	X			60						
11		/	X	X			61						
12	/		X	X			62						
13		/	X	X			63						
14		/	X	X			64						
15		/	X	X			65						
16		/	X	X			66						
17		/	X	X			67						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4	↓	1	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	1	↓	2	↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	5		3				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS